

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1245

STATE FILE NUMBER 342

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Beussas City Mo</u>		c. CITY OR TOWN <u>Marshall</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Lakeside</u>		d. STREET ADDRESS (If outside, give location) <u>445 Russell</u>	
Length of stay in lb <u>5 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lula</u> Middle <u>Mae</u> Last <u>Gadberry</u>			4. DATE OF DEATH Month <u>January</u> Day <u>23</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 24 1900</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTH PLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ray Elson</u>		13b. MOTHER'S MAIDEN NAME <u>---</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Gadberry</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Husband</u> Address <u>Marshall Mo</u> <u>Mr Ray Gadberry 445 Russell</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Renal insufficiency</u> DUE TO (b) <u>chronic nephritis</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Renal anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>10 y</u> <u>20 y</u>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Marshall</u>	COUNTY <u>Missouri</u>	STATE <u>Missouri</u>
21. I attended the deceased from Death occurred at <u>1/23/58</u> to <u>1/23/58</u> and last saw her alive on <u>1/23/58</u> <u>1/23</u> <u>10:00</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Elias E. Zintl D.O.</u>		22b. ADDRESS <u>4640 Troost</u>	22c. DATE SIGNED <u>1/23/58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN-23-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>---</u>	23d. LOCATION (City, town, or county) <u>MARSHALL Missouri</u>
24. FUNERAL DIRECTOR <u>DW. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY MO.</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-58</u>	26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Elias E. Zintl

All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Chester Brown

Licensed Embalmer No. 493

P. O. Address Ke Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.